

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to
whole dollars.

COPY

SUPPLEMENTAL INDEPENDENT EXPENDITURE

☐ **Amendment** (Explain Below)

Report covers period
from 07/01/2008

through 10/18/2008

Date of election if applicable:
(Month, Day, Year)

11/04/2008

Date Stamp
RECEIVED
San Jose City Cl

2008 OCT 24 P 2-27

CALIFORNIA
FORM 465

Page 1 of 3

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
820668

COMMITTEE/FILER'S NAME

San Jose Silicon Valley Chamber of Commerce Political Action
Committee (COMPAC)

STREET ADDRESS (NO P.O. BOX)

310 South First Street

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA, 95113 (408) 291-5262

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Lori L. Jacobs

MAILING ADDRESS

330 Encinitas Blvd., Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE

Encinitas CA, 92024 (408) 291-5262

OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Rose Herrera

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member City of San Jose - District 8

SUPPORT
X

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/03/2008	TAB Communications, Inc. 1014 2nd Street, Suite 201 Sacramento, CA 95814	LIT	7,737.70	27,120.19
10/03/2008	United States Postal Service 105 N First Street San Jose, CA 95113	POS	2,220.00 MEMO Subpayment made through: TAB Communications, Inc.	
10/03/2008	TS Printing 3003 O Street Sacramento, CA 95816	LIT	3,642.50 MEMO Subpayment made through: TAB Communications, Inc.	

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period from <u>07/01/2008</u> through <u>10/18/2008</u> Date of election if applicable: (Month, Day, Year) <u>11/04/2008</u>	Date Stamp	CALIFORNIA FORM 465 Page <u>2</u> of <u>3</u> For Official Use Only
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IV Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/03/2008	Point & Click Studio 19 Pine Hill Drive Crestview, KY 41076	LIT	475.00 MEMO Subpayment made through: TAB Communications, Inc.	
10/03/2008	Public Opinion Strategies, LLC 107 West Torrance Blvd, Suite 200 Redondo Beach, CA 90277-	POL	10,000.00	27,120.19

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from 07/01/2008 through 10/18/2008	CALIFORNIA FORM 465 Page 3 of 3 I.D. NUMBER (If recipient com.) 820668
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Jose Silicon Valley Chamber of Commerce Political Action Committee (COMPAC)

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$ 17,737.70
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$ 17,737.70

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
California Secretary of State

ADDRESS (NO. AND STREET)
Political Reform Division
1500 11th Street, Room 495

CITY STATE ZIP CODE
Sacramento, CA 95814

2) NAME OF FILING OFFICER
Registrar-Recorder of Los Angeles County

ADDRESS (NO. AND STREET)
Campaign Finance Disclosure
12400 Imperial Highway

CITY STATE ZIP CODE
Norwalk, CA 90650

3) NAME OF FILING OFFICER
San Francisco Dept. of Elections

ADDRESS (NO. AND STREET)
Campaign Disclosure
1 Dr. Carleton B. Goodlett Place, Room 48

CITY STATE ZIP CODE
San Francisco, CA 94102

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

6. Verification


I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 21 2008
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent